

Referral for Bilateral Breast & Axillary Ultrasound

Patient Information

What is a Breast Ultrasound? A breast ultrasound is a safe, non-invasive imaging examination that uses sound waves to evaluate breast tissue and the axillary (underarm) lymph nodes. It does not use ionizing radiation and is helpful in evaluating dense breast tissue.

Important Limitations. A breast ultrasound is not a complete replacement for a screening mammogram. While breast ultrasound is an excellent supplemental imaging tool, it has noteworthy limitations:

- It may not detect micro-calcifications, which can be an early sign of breast cancer.
- Some breast cancers are only visible on mammography.
- A normal breast ultrasound does not completely exclude breast cancer.
- Additional imaging (such as mammography, diagnostic mammography, breast MRI, or biopsy) with an annual clinical breast exam may still be recommended by the referring provider based on clinical findings or imaging results.

By proceeding with this examination, you acknowledge that you understand these limitations and that breast ultrasound is intended to complement—not replace—recommended breast cancer screening.

Patient Name: _____

Patient Signature: _____

Date: _____

Referring Provider Order

Patient Name: _____

DOB: _____

Patient Phone: _____

Address: _____

☐ **Bilateral Complete Breast Ultrasound with Bilateral Axillary Ultrasound**

Referring Provider Name: _____

Phone: _____

Fax results to: _____ CC results to PCP: _____ (optional)

Provider Signature: _____

Date: _____

*** Please note we are performing the ultrasound, and referring patient back to you for review and management.

Please fax this referral to 559-335-0161 (for questions, call 559-470-3435)